

WIC INFORMATION MANUAL
FOR
VENDOR APPLICANTS



MAY 2005

Kentucky
UNBRIDLED SPIRIT™

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT:

AGENCY _____

ADDRESS _____

TELEPHONE NUMBER _____

CONTACT PERSON _____

DEVELOPED BY:

DEPARTMENT FOR PUBLIC HEALTH

DIVISION OF ADULT AND CHILD HEALTH IMPROVEMENT

NUTRITION SERVICES BRANCH

WIC PROGRAM

275 EAST MAIN STREET

FRANKFORT, KENTUCKY 40621

<http://chfs.ky.gov/dph/ach/wic.htm>

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INTRODUCTION

What is WIC? WIC is a supplemental food program funded by the United States Department of Agriculture and administered through the Kentucky Cabinet for Health and Family Services. WIC services are coordinated through the Local Health Departments and private health facilities. WIC stands for Special Supplemental Nutrition Program for **Women, Infants and Children**.

The WIC Program provides specific nutritious foods along with nutrition education at no cost to the participant. These services are provided to income eligible and nutritionally at risk pregnant, breastfeeding, and postpartum women, infants and children up to five (5) years of age.

Eligible participants are issued food instruments for one (1), two (2) or three (3) month periods, but should redeem only one (1) month of food instruments at a time. Participating vendors redeem these food instruments for approved food and deposit the food instruments in their bank just as they would a check.

The WIC vendor is an important part of the WIC Program and it is necessary that all food merchants who apply to become WIC vendors understand the WIC Program rules and regulations.

This manual was prepared for retail grocers who wish to make application to become an approved WIC vendor. Please read everything carefully. **If you are accepted, you will enter into a written contract with the WIC Program and be responsible for carrying out ALL terms of the contract as well as WIC Program Policies and applicable Federal and State Regulations.** Your contracting agency will be the Local Agency that administers the WIC Program in the county where your business is located, hereafter referred to as the Local Agency.

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HOW TO BECOME A WIC VENDOR

Before a store can be an authorized vendor and accept food instruments, the store must:

- A.** Complete a Kentucky WIC Program Vendor Application (WIC-14) which provides the Local and State Agency with general information and ensures that the vendor applicant meets the criteria for the selection of vendors, which includes:
 - 1. Stocking the minimum inventory of WIC approved foods in** accordance with the "Quantified Minimum Inventory Requirements," which is Attachment C of the Vendor Agreement and also on page 7 of this manual. **The inventory must be in the store or in the store's stockroom.** Infant formula may only be purchased from wholesalers, distributors, and retailers licensed in Kentucky, or formula manufacturers registered with the Food and Drug Administration. An approved list is available from the State WIC Office or online at <http://chfs.ky.gov.dph/ach/wic.htm>.
 - 2. Being in compliance with the Kentucky State Retail Food Code (902 KAR 45:005) and having a valid Retail-Food Establishment or Retail Food Store Permit in the current owner's name.** This permit can be obtained from the Environmental Section of the Local Health Department in the county where the store is located. See the copy on page 6.
 - 3. Having prices commensurate with other contracted vendors.** An applying vendor's prices will be reviewed by using the following procedures:
 - a.** A pregnant and breastfeeding woman, child and infant's (concentrated and powdered contract brand formula) food package will be calculated for each store based upon the prices submitted on the Price List (WIC-24). The following examples are the structures of the food packages:
 - 1.** A woman's food package is:
 - Milk - 6 gallons
 - Cheese - 1 pound
 - Eggs - 2 dozen
 - Cereal - 36 ounces
 - Juice - 6 - 46 ounce containers
 - Peanut Butter - 1-18 ounce container

2. A child's food package is:
 - Milk - 4 gallons
 - Cheese - 1 pound
 - Eggs - 2 dozen
 - Cereal - 36 ounces
 - Juice - 6-46 ounce containers
 - Peanut Butter - 1-18 ounce container

3. An infant's food package is:
 - Formula - 31-13 ounce cans iron fortified contract brand concentrate
 - Infant Cereal - 2- 8 ounce boxes
 - Infant Juice-15 - 4.0 ounce containers
 - And
 - Formula - one month's food package of contract brand powdered formula
 - Infant Cereal - 2 - 8 ounce boxes
 - Infant Juice - 15 - 4.0 ounce containers

- b. The computer will calculate the mean price of each food package for each classification of store within the Region (Area Development District) and the State. The classification of stores will be designated as Class I, Class II, Class III, Class IV, and Class V. Class I stores have reported yearly food sales or \$200,000 or below. Class II stores have reported food sales of \$200,001-\$1,500,000. Class III stores have reported yearly food sales above \$1,500,000. Class IV stores are those owned by major national chains e.g., Food Lion and Kroger. Class V stores are discount groceries (e.g., Save-A-Lot, Wal-Mart, Biggs, Meijer, etc.)

- c. If the store's prices are ten percent (10%) [or more] above the State Mean for its class and ten percent (10%) [or more] above the Region Mean for its class for **any food package**, the application will **not** be approved.

4. Not be disqualified or withdrawn by the United States Department of Agriculture (USDA) from participation in another Food and Nutrition Service (FNS) Program or denied application to participate in the Food Stamp Program. Not be currently paying a civil money penalty to the Food Stamp Program; or not having been assessed a civil money penalty for hardship by the Food Stamp Program and the disqualification period that would otherwise have been imposed has not expired.

5. **Be requesting application for a business whose primary purpose is to be a retail grocery.** Direct distribution outlets and wholesale food establishments are not eligible. A vendor who derives more than 50% of their annual food sales revenue from the sale of food items on WIC Food Instruments is not eligible. A vendor whose primary business is something other than a retail grocery is not normally eligible for the Program. This includes dairies, gas stations, specialty stores, liquor stores, home delivery groceries, bait shops, etc. In order to be authorized, the applicant must have a recognized grocery department in a stationary location that is a separate and distinct area which stocks staple food items in addition to WIC approved foods. Staple food items are defined as meat, poultry, fish, bread and breadstuffs, cereals, vegetables, fruit, fruit and vegetables juices, dairy products, and the like. Food items such as coffee, tea, cocoa, carbonated and noncarbonated drinks, condiments, and spices are not considered to be staple foods. **A retail grocery should have:**
 - a. A separate area as defined above;
 - b. A stock of food other than staple food items as defined above;
 - c. Fifteen percent (15%) of their gross sales in **non-taxable food sales** excluding specialty products. (Bakery goods for bakery, produce for fruit and vegetable stands.) Dairies and home delivery groceries will not be approved if they operate solely as mobile operations.
6. **Being open for business year round, on a full time basis, at least eight hours per day and six days per week.**
7. Not owing the WIC Program for any unpaid claims or civil money penalties for any stores owned or previously owned by the applying owner.
8. The State Agency may not authorize an applicant vendor if, during the last six (6) years, the vendor applicant's current owner(s), officers or managers have been convicted of or had a civil judgment for :
 - a. Fraud;
 - b. Antitrust violations;
 - c. Embezzlement, theft, or forgery;
 - d. Bribery;
 - e. Falsification or destruction of records;
 - f. Making false statements or claims;
 - g. Receiving stolen property;

- h. Obstruction of justice;
 - i. Other evidence reflecting on the business integrity and reputation of the applicant; or
 - j. Official records of removal from other federal, state or local programs.
9. The WIC Program shall not authorize a store that has attempted to circumvent a period of disqualification from the program. This includes a store that has undergone a sale or change of operation if the transaction involves the following parties:
- a. The seller or transferor is an owner, operator, or manager who is currently suspended, sanctioned, or disqualified from WIC or the Food Stamp Program; and
 - b. The buyer or transferee is related to the seller by marriage or consanguinity within the fourth degree, or was a manager or employee of the seller at the time of the sanction, suspension or disqualification was issued, or the violation occurred.
10. **No contract shall be entered into with a vendor applicant when a conflict of interest, real or apparent, will occur.** Contracts will not be entered into with local health department employees or with governing local board of health members.
11. The State Agency will terminate a vendor contract if it determines the vendor or vendor's employees provided false information in connection with the vendor application.
- B. **Complete a Kentucky WIC Program WIC Approved Items Price List (WIC-24)** which provides stock and pricing information.
- C. **Receive an on-site visit by the Local Agency** to verify information submitted on the Application and Price List.
- D. **Review and sign a Vendor Agreement (WIC -13).** The application and Vendor Agreement will be reviewed with the vendor applicant by the Local Agency and then submitted to the State Agency for approval.
- E. **Provide information to the State Agency regarding gross sales and food sales prior to approval of the contract.** See Instructions for completing the WIC Vendor Sales Information Form. The WIC Vendor Sales Information (WIC-16) form requesting this information is provided and **is to be submitted directly to the State Agency.**

- F. **Provide additional information** such as a bill of sale, tax return information, and other proof of ownership or other documents as requested.
- G. **Receive training** on the operation of the WIC Program.
- H. **Receive an authorized WIC Vendor Stamp from the Local Agency, along with a copy of the signed and approved Vendor Agreement (WIC-13).**
- I. A drug store applying to be a WIC grocery store must meet all the selection criteria.

NOTE: A VENDOR APPLICANT CANNOT ACCEPT WIC FOOD INSTRUMENTS UNTIL THE SIGNED AND APPROVED AGREEMENT AND WIC VENDOR STAMP IS RECEIVED. NO PAYMENT WILL BE MADE TO A VENDOR APPLICANT WHO HAS NOT SUCCESSFULLY COMPLETED THIS PROCESS.

KENTUCKY STATE RETAIL FOOD CODE

When a store is in compliance with the Kentucky State Retail Food Code (902 KAR 45:005), the store is issued a State Retail-Food Establishment or Retail Food Store permit. This permit can be obtained from the Environmental Section of the County Health Department site in the county where the store is located. The example below is a copy of a permit. **This permit must be in the current owner's name and the permit fee must be paid. If the store was recently purchased, contact the County Health Department to have the existing permit transferred to the appropriate name.**

Permit#:

CABINET FOR HEALTH AND FAMILY SERVICES
COMMONWEALTH OF KENTUCKY



Permit#

PERMIT/LICENSE/REGISTRATION /CERTIFICATE TO OPERATE
 AUTHORIZATION IS HEREBY GRANTED TO OPERATE A
 IN COMPLIANCE WITH
 THIS PERMIT IS NON-TRANSFERABLE AND SHALL EXPIRE ON
 Location of Establishment if Different From Mailing Address

DO NOT DETACH

**THIS PERMIT MUST BE POSTED
IN A CONSPICUOUS PLACE**

Given under our hands on this date

/ Secretary for Health And Family Services

QUANTIFIED MINIMUM INVENTORY REQUIREMENTS

ALL FOOD ITEMS MUST BE WIC APPROVED, MEETING THE REQUIREMENTS OF ATTACHMENT A OF THE WIC PROGRAM VENDOR AGREEMENT AND MUST BE WITHIN THE MANUFACTURER'S EXPIRATION DATE.

FOOD ITEM	INVENTORY SPECIFICATIONS	QUANTITIES REQUIRED IN STOCK
MILK	2 TYPES REQUIRED-MUST HAVE WHOLE MILK IN GALLON CONTAINERS AND EITHER SKIM OR LOWFAT MILK IN GALLON CONTAINERS-MUST BE ABLE TO SUPPLY NONFAT DRY UPON REQUEST	COMBINED QUANTITIES TO EQUAL 8 GALLONS
CHEESE	1 TYPE REQUIRED-MUST BE AVAILABLE IN 8 OZ. OR 16 OZ. PACKAGES, DELI CHEESE ALLOWED	TOTAL OF 4 POUNDS
EGGS	GRADE A	6 DOZEN
CEREAL	3 PRODUCTS	10 BOXES
JUICE	2 FLAVORS IN 46 OZ. CONTAINERS OR 12 OZ. FROZEN CONCENTRATE-MUST BE 100% JUICE, UNSWEETENED	COMBINED QUANTITIES TO EQUAL 12 CONTAINERS
DRY BEANS OR PEAS	1 TYPE	2 POUNDS IN ONE (1) POUND PACKAGES
PEANUT BUTTER	1 TYPE REQUIRED	4 JARS- IN 18 OZ. CONTAINERS
INFANT FORMULA	1 TYPE OF CONTRACT BRAND REQUIRED	TOTAL 31 CANS OF 13 OZ. CONCENTRATE OR ONE MONTHS FOOD PACKAGE OF CONTRACT BRAND POWDERED FORMULA
INFANT JUICE	2 FLAVORS IN 4.0 OZ. CANS	15 CONTAINERS
INFANT CEREAL	1 TYPE REQUIRED IN 8 OZ. BOXES	3 BOXES

INSTRUCTIONS FOR COMPLETING THE VENDOR PORTION OF THE WIC PROGRAM VENDOR APPLICATION (WIC-14)

Upon request, a Local Agency will provide the vendor applicant with an Application (WIC-14), a WIC Approved Items Price List (WIC-24) and a WIC Vendor Sales Information Form (WIC-16). **The Application and Price List must be properly and fully completed and be returned to the Local Agency. ALL QUESTIONS ON THE APPLICATION MUST BE FULLY COMPLETED.**

The Local Agency will complete the Date of Request.

- A. The following instructions are for completing the vendor portion of the Application:
- 1.-5. Self-explanatory
 6. **Type of Store** - Check the type of store that most clearly fits the type of business.
 - (1) Convenience-e.g., Convenient, Minit Mart or similar store which is open seven days a week after 9 p.m.
 - (2) Grocery-e.g., Chain or Independent
 - (3) Other-e.g., specialty, discount, hypermart, etc.
 7. **Type of Ownership** - Check the type of ownership which most clearly fits.
 - (1) Single Owner-owned by 1 person
 - (2) Partnership-owned by 2 or more people
 - (3) Corporation-Incorporated with the State
 8. Ownership information:
 - a. Corporate Information: Supply the name and address of the corporate contact, corporate name and address. This applies to any business that is incorporated.
 - b. **Name(s), Social Security Number(s)**- Name and telephone number(s) of person(s) who are partners or corporate officers and the Social Security Number of each person.
 9. Self-explanatory.
 10. **Store Open for Business under Applying Ownership** - Indicate the specific date (month, date, year) the store will or has opened under the applying ownership.
 11. **How Long the Store has been in Business** - If the store has previously been in business, enter the time period. If previously in business under

another name or owner, please indicate. Also, indicate if the store previously participated in the WIC Program.

12. Self-explanatory
13. **Rejected Application** - Indicate if you have previously applied for participation in the WIC Program and had your application rejected. Specify date application was rejected.
14. **Participation in the WIC Program** - Indicate if the vendor applicant has ever had a contract with the WIC Program. If yes, indicate the previous WIC Vendor Stamp Number (if known), the store name and the state in which the store was located. Stores currently contracted with the WIC Program are to only be included in the answer to number 16 on this form.
15. **Warning or Suspension from WIC Program** - Indicate if the vendor applicant, - the corporation or the manager ever owned, managed, or has been an employee of a firm which ever received a termination, or disqualification from the WIC Program. If yes, provide date, brief reason and identify the person or corporation and the store name and location involved.
16. **Own Other Grocery and Drug Stores** - If yes, indicate name(s), and address(s) of any other stores owned that accept WIC food instruments.
17. **Food Stamp Authorization Number** - If authorized, supply the Food Stamp Number. If not authorized, indicate if the application has been submitted or rejected.
18. **Suspension from Food Stamps** - Indicate if the vendor applicant, the corporation or the manager ever owned or managed a firm which had violated Food Stamp Regulations and was withdrawn, disqualified, assessed a civil money penalty, fined or received a warning letter. If the response is no, enter N/A. If yes, provide the date, a brief reason, and identify the person or corporation and the store name and location involved.
- 19.-20. Self-explanatory.
21. **Valid Retail-Food Establishment or Retail Food Store Number** - Indicate if there is a Retail-Food Establishment or Retail Food Store Permit in the owner's name. If there is not a permit or the permit is not in the owner's name, contact the Environmental Section of the County Health Department site in the county where the store is located. An applying store must have a Retail-Food Establishment or Retail Food Store Permit in the applying owner's name.

22. **More Than Fifty Percent Criteria** - Indicate if you believe that more than 50% of your yearly food sales will be from the sale of food items on WIC food instruments.
 23. **Wholesaler/Retailer Information** - Indicate the wholesaler/retailer you expect to use for the purchase of WIC food items. Infant formula must be purchased from the list of infant formula wholesalers, distributors and retailers licensed in Kentucky or formula manufacturers registered with the FDA. An approved list is available from the State Agency or on-line at <http://chfs.ky.gov/dph/ach/wic.htm>.
 24. Self-explanatory.
 25. **Cash Register Information** - Indicate number of cash registers and whether or not cash registers will identify approved foods if optical scanners.
 26. **Months of Operation** - Indicate the months of operation.
 27. **Hours of Business** - Hours the store is actually open each day.
 28. **List Bank(s) of Deposit** - Indicate the name and complete address of bank of deposit.
 29. Self-explanatory.
 30. **Review Paragraph.**
 31. **Authorized Signature (Owner or Corporate Officer) - The applying owner must sign this form.** The only exception is for a chain store whose Authorized Representative is at the corporate level and may not be the owner.
 32. **Title** - Title of person signing the application. **The applying owner must sign this form.** The only exception is for a chain store whose Authorized Representative is at the corporate level and may not be the owner.
 33. **Date** - Date the form is signed.
- B. The next two (2) portions of the Application are for the Local Agency and State Agency to use in reviewing the store for approval for a contract. **Do not complete these portions of the form.**
- C. **Within thirty (30) days, or as soon as can be scheduled, upon receipt of a properly completed Application,** the Local Agency will make an on-site visit to complete the Vendor Application and review the WIC Approved Items Price List

(WIC-24). This on-site visit is preformed only after applying owner has taken possession of the store and the property transfer has been completed.

- D. The Local Agency will review the vendors applicant's eligibility and submit the Application information to the State Agency, **only if the vendor applicant is eligible according to the criteria the Local Agency has reviewed. If the vendor applicant does not meet criteria to be a WIC Vendor after two (2) site visits, the vendor applicant may not apply for the Program for sixty (60) days from the date of denial.**
- E. The Local Agency will advise the vendor applicant to submit the WIC Vendor Sales Information Form (WIC-16) directly to the State Agency.
- F. **Within thirty (30) days of receipt of a properly completed Application from the Local Agency,** the State Agency will review the Application, Price List, Sales Information, verify information with the Food Stamp Office, verify information with the Environmental Section, review prices in order to determine that pricing is commensurate with other stores in the area and review the adherence to the criteria for selection of vendors. The State Agency may request a bill of sale, tax return information, and other proof of ownership and/or other documents.
- G. If there is a problem with the Application and/or the vendor applicant does not meet criteria to be a WIC Vendor, the vendor applicant will be notified either by the Local Agency or State Agency. **If the vendor applicant does not meet the criteria to be a WIC Vendor after two (2) reviews, at any time during this process, the vendor applicant may not apply for the Program for sixty (60) days from the date of denial. After three (3) reviews, the vendor applicant may not apply for the Program for one hundred and twenty (120) days from the date of the denial. Each subsequent denial results in an additional sixty (60) days, i.e., four (4) denials 180 days, etc.**

INSTRUCTIONS FOR COMPLETING WIC APPROVED ITEMS PRICE LIST

The WIC Program will provide a price list to be completed.
These are the instructions for completion.

1. **Vendor Number** - A new applicant will leave this area blank.
2. **Date Completed** - Enter the numerical month, day and year on which the Price List is completed. For example, June 2, 2005= 060205.
3. **Name of Store** - Please print name of store.
4. **Signature of Store Contact** - Signature of person providing information. Review the instructions for the form, paragraphs 7 and 8, prior to completing and signing the form.
5. **Title of Store Contact** - Title of person providing information.
6. **Prices** - Complete prices for WIC approved foods as requested by the instructions on the back of the Price List: SEE ATTACHMENT A OF THE WIC PROGRAM VENDOR AGREEMENT FOR THE WIC APPROVED FOODS. **PRICES ARE TO BE THE SHELF PRICES OF THE WIC APPROVED FOODS IN STOCK.**
7. Read the certification statement on the back of the Price List. I do hereby certify that the items listed on this form were available at the store indicated and the prices entered were the actual shelf price. I understand this information is to be used to judge my inventory as set forth in the WIC Program Vendor Agreement item 1(b), is used in the review of prices charged on WIC food instruments and is used to judge commensurate pricing as set forth in the Vendor Agreement. **I understand that if my contract is terminated or not renewed for commensurate pricing, failure to meet inventory, or failure to properly mark the price of WIC food items, I cannot reapply for sixty (60) days from the day I return my stamp for the first occurrence. A second occurrence will result in a 120 day disqualification and a third will result in a one (1) year disqualification.**
8. Return this form with the properly completed Application to the appropriate Local Agency.

INSTRUCTIONS FOR COMPLETING THE WIC PROGRAM VENDOR AGREEMENT

This document constitutes a **written contract** between the Local Agency, State Agency and the participating WIC vendor, regarding applicable federal and state regulations relating to the WIC Program.

- A. For a vendor applicant:
 - 1. **Review this document in its entirety before signing the Agreement. This is a legal and binding contract.**
 - 2. Sign the following lines:
 - a. **Authorized Signature - the signature of the owner.** If the store is part of a chain, the legally authorized obligating corporate authority signs.
 - b. **Title - the title of the person signing the Agreement.**
 - c. **Authorized Signature - type or print legibly the name of the person signing the Agreement.**
 - d. **Corporate or Business Name - type or print legibly the name of the corporation business.**
- B. One (1) copy of the original Agreement will be provided for the owner's file and referenced when it has been approved by the State Agency. **A CONTRACT IS NOT VALID UNTIL IT HAS BEEN SIGNED AND APPROVED BY THE STATE AGENCY AND THE VENDOR OR VENDOR APPLICANT HAS RECEIVED THE AUTHORIZED VENDOR STAMP. WIC FOOD INSTRUMENTS MAY NOT BE ACCEPTED UNTIL THE VENDOR APPLICANT HAS RECEIVED A VALID CONTRACT AND VENDOR STAMP.**
- C. **The WIC Program Vendor Agreement is not a license or property interest.**

**INSTRUCTIONS FOR COMPLETING THE
WIC VENDOR SALES INFORMATION FORM**

- A. This form serves to document whether a contracted vendor or vendor applicant meets the criteria for non-taxable food sales and the primary business is a retail grocery.
- B. Instructions for completion of the form are on the back of form.
- C. Keep the second page of this form (copy) for the store's records.

